## Inspection Report BUREAU OF FIRE PREVENTION Local ID: Office of the Fire Official Registration #: **LHU Class BOCA Use:** Date: Inspector: Occupancy load: Phone: **Business:** Business Owner: Phone: Emerg. Contacts: #1: Phone: #2: Phone: #3: Phone: [ ]-Quarterly [ ]-Complaint [ ]-Annual Attic () yes () no Exit Signs () yes () no Area (in Sq. Ft.) Emergency Lights () yes () no # of Stories\_ Building\_ Basement ()yes ()no Fire Escapes ()yes ()no Roof Hatches () yes () no Exits per Floor\_ **Elevators** ()yes ()no Skylights () yes () no Basement\_ Elevator Recall ()yes ()no Extinguishers ()yes ()no **PERMITS** Fire Detection System **Test Records** ()yes ()no () yes () no ( ) Annual **Cooking Protected** ()yes ()no ()n/a Smoke Detectors - Hard Wired () yes () no () Temporary **Test Records** ()yes ()no Smoke Detectors - Battery ()yes ()no **Heat Detectors** ()yes ()no Type: Manual Pull ()yes ()no ()yes ()no ( ) n/a Sprinklers ( ) full ( ) basement ( ) partial ( ) spray booth Alarm ( ) Local ( ) Central System **Test Records** ()yes ( ) no **Standpipes** ()yes ()no () wet () dry Fire Pump () yes ( ) no **Test Records** () yes () no Test Records ()yes ( ) no **Fire Department Connection** Fire Dept. Connection ()yes ( ) no ()yes ()no Date Issued\_ Sprinkler Alarm ()yes ( ) no Alarm () yes () no Date of ( ) Local ( ) Central () local () central Expiration\_ Permit Number Date of Last Inspection\_ Date of Last Inspection Emergency Generator () yes () no () n/a Records ()yes ()no Floor Construction [ ] Concrete [ ] Wood **Bearing Walls** [ ] Concrete []Block [ ] Wood []Brick [] Metal []Other Ceiling []Plaster [] Sheet Rock []Wood [] Acoustic [] Metal []Other [ ] Reinf. Concrete []Wood **Roof Construction** [ ] Concrete [] Trusses [] Metal [] Other

Heating

Electric

Inspector ( print )

[]01

[]Gas

[]Fuses

Certification #

[ ] Electric

[ ] Circuit Breakers

Reviewed by

[] Other

[] Hot Water

Wiring

**Number of Violations** 

Retro

[] Hot Air

[ ] Good

[]Steam

[]Poor

Inspection Date